

RECEIVED

POSITION	ID NO.	DATE
CLASSIFIER	20	5-14-93
EXAMINER	319	5-25-93
TYPIST	785	5-28-93
VERIFIER	778	5-28-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	19
2	28
3	28
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11	28
12	28
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Claim	Date
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SYMBOLS
 ✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY